

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040466

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 169

Primary Registration District No. 5618

Registrar's No. 30

FILED OCT 29 1963

1. PLACE OF DEATH

a. COUNTY

Knox

b. CITY OR TOWN (If outside, give TOWNSHIP)

Greensburg

Length of stay in 1b

6 weeks

c. FULL NAME OF (If NOT in hospital, give location)

Rt 1, Brashear, Mo.

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Adair

admission)

c. CITY OR TOWN

Brashear

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Rt. # 1

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

BERTHA

MAE

ERWIN

4. DATE OF DEATH

Month Day Year

October 17 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married

☒ Married

8. DATE OF BIRTH

9/9/87

9. AGE (last birthday)

76

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Homemaker

10b. KIND OF BUSINESS OR INDUSTRY

own Home

11. BIRTHPLACE (City and state or country)

Schuyler County, Mo.

12. CITIZEN OF WHAT COUNTRY

U S

13a. FATHER'S NAME

William P. Clarkson

13b. MOTHER'S MAIDEN NAME

Susan Kirkland

14. NAME OF HUSBAND OR WIFE

Virgil O. Erwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES

(Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

E

17. INFORMANT

Virgil Erwin, Brashear, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease gr. IV

INTERVAL BETWEEN ONSET AND DEATH

10 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized arteriosclerosis

18 yrs.

DUE TO (c)

diabetes mellitus

30 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 1962 to Oct. 17 1963 and last saw her alive on Oct. 3 1963

Death occurred at 11:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Francis Tarpylar M.D.

22b. ADDRESS

Edina Missouri

22c. DATE SIGNED

Oct. 21 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10/20/63

23c. NAME OF CEMETERY OR CREMATORY

Willmathsville

23d. LOCATION (City, town, or county)

Willmathsville, Adair, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Foster Memorial Home, Kirksville, Mo.

25. DATE RECD. BY LOCAL REG.

10/22/63

26. REGISTRAR'S SIGNATURE

Nell L. Hunt

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300

Rev. 4/59

1520

20010

3

4 1

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9260X

10

11

12 90-0

13 10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *Nova E. Foster*
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.